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01-092-03
Room 304



PATENT
3875-0108P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Ivan TOMASI et al. Conf.: 5106
Appl. No.: 10/077,973 Group: Unassigned
Filed: February 20, 2002 Examiner: UNASSIGNED
For: UMBRELLA-TYPE FOLDING FRAME PARTICULARLY FOR PUSH-
CHAIRS
Control No.: 10077973

Assistant Commissioner for Patents
Washington, DC 20231

September 24, 2002

ATTN: W.P. ERWIN, DIRECTOR OF FINANCE
REFUND SECTION
ACCOUNTING DIVISION
OFFICE OF FINANCE

REQUEST FOR REFUND
(Improper Charge of Deposit Account)

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account
02-2448 shown on the statement dated _____ for the above-identified

application
 patent
 A copy of the monthly statement in which the error referred to occurs,
accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	<u>AMOUNT OF REFUND REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>54.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____
<input type="checkbox"/> patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge	_____
<input type="checkbox"/> Other: _____	_____

TOTAL REFUND REQUESTED	<u>\$54.00</u>

III. EXPLANATION OF WHY CONTESTED CHARGE IS AN ERROR

As the U.S.P.T.O. will note, the Applicant submitted a check in the amount of \$1312.00 on February 20, 2002. The fee was for \$740.00 (filing fee), \$252.00 (14 excess claims of 20), \$280.00 (multiple dependent claim fee), and \$40.00 (Assignment). Accordingly, the Applicant did, in fact, pay the excess claim fee for 14 claims.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By 
Joseph A. Kolasch, #22,463

P.O. Box 747
Falls Church, VA 22040-0747
(703) 205-8000

JAK/clb
3875-0108P

Attachment

(Rev. 12/07/01)

PTO LogoDeposit Account Statement

March 2002

022448

BIRCH STEWART KOLASCH & BIRCH

Requested Statement Month:

Deposit Account Number:

Name:

Attention:

Address:

City:

State:

Zip:

8110 GATEHOUSE ROAD

FALLS CHURCH

VA

22042

DATE SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
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03/13 1	10077973	3875-0108P	103	\$54.00	\$23,340.13
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